

Political Organization
Report of Contributions and Expenditures

OMB No. 1545-1606

Department of the Treasury
Internal Revenue Service

▶ See Separate Instructions.

A For the period beginning May 9, 20 13 and ending June 30, 20 13B Check applicable boxes: ☒ Initial report ☐ Change of address ☐ Amended report ☐ Final report1 Name of organization Southern Progress Fund Employer identification number 46:27367552 Mailing address (P.O. Box or number, street, and room or suite number)
8448 Franklin AvenueCity or town, state, and ZIP code
Los Angeles, CA 90069-15033 E-mail address of organization N/A 4 Date organization was formed 5/9/135a Name of custodian of records Amanda Crumley 5b Custodian's address
8448 Franklin Avenue
Los Angeles, CA 900696a Name of contact person Amanda Crumley 6b Contact person's address
8448 Franklin Avenue
Los Angeles, CA 900697 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
City or town, state, and ZIP code

- 8 Type of report (check only one box):
-
- a
- ☐
- First quarterly report (due by April 15)
-
- b
- ☐
- Second quarterly report (due by July 15)
-
- c
- ☐
- Third quarterly report (due by October 15)
-
- d
- ☐
- Year-end report (due by January 31)
-
- e
- ☒
- Mid-year report (Non-election year only-due by July 31)
-
- f
- ☐
- Monthly report for the month of _____ (due by the 20th day following the month shown above, except the December report, which is due by January 31)
-
- g
- ☐
- Pre-election report (due by the 12th or 15th day before the election)
-
- (1) Type of election: _____
-
- (2) Date of election: _____
-
- (3) For the state of: _____
-
- h
- ☐
- Post-general election report (due by the 30th day after general election)
-
- (1) Date of election: _____
-
- (2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A) \$5,000.0010 Total amount of reported expenditures (total from all attached Schedules B) 0Sign
Here

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

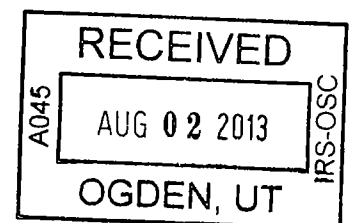
Signature of authorized official Amanda CrumleyDate 7/31/2013

For Paperwork Reduction Act Notice, see separate instructions.

OMB No. 1545-1606

Form 8872 (11-2002)

SCANNED AUG 08 2013



Schedule A Itemized Contributions		Schedule A page of
Name of organization		Employer identification number
Contributor's name, mailing address and ZIP code Thomas F. McLarty III 3 Greenbriar Road Little Rock, AR 72202	Name of contributor's employer The McLarty Companies	Amount of contribution
	Contributor's occupation President & CEO	\$ 5,000.00
	Aggregate contributions year-to-date ▶ \$ 5,000.00	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contribution
	Contributor's occupation	\$
	Aggregate contributions year-to-date ▶ \$	Date of contribution
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 ▶		\$

Schedule B Itemized Expenditures		Schedule B page of
Name of organization		Employer identification number

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of expenditure
	Recipient's occupation	Date of expenditure
Purpose of expenditure		

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.	\$
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